

## Appendix D

# Urgent Needs funds

## Public health activities supported in the first year

*In communities across Washington, 180 special public health projects are underway because of funds provided in the 1993 Legislative Session. Termed “Urgent Needs” funds, this \$10 million appropriation represented a markedly different approach to providing state funds for public health. Instead of being tied to specific categories of services or public health problems, these funds were distributed to local health departments and districts (LHDs) on a per capita basis to use in whatever manner local health officials believed would best address unmet public health needs of their community.*

*The name “Urgent Needs” comes from a 1993 opinion survey in which local health officials were asked to name the most pressing local public health needs and estimate the cost of meeting them. Survey results suggested it would take \$112 million per year to address the high priority problems identified.*

*The following pages provide specific examples of programs funded by Urgent Needs funds and list the type of activities selected by LHDs.*

### Use of urgent needs funds by category\*

**July 1, 1993 - June 30, 1994**

	Budget Amount	% of Total
Infectious Disease	\$1,059,890	23%
Environmental Health	\$1,029,761	22%
Family & Individual Health	\$885,072	19%
Violence & Injury	\$733,611	16%
Public Health System Capacity	\$648,243	14%
Non-Infectious Disease	\$253,032	6%
<b>Total - Year One</b>	<b>\$4,609,609</b>	<b>100%</b>

\* Amounts shown are budgeted for the first year of the 1993-1995 biennium, July 1, 1993 - June 30, 1994. The total shown is less than the \$5 million available for the year because some projects will incur greater costs in the second year.

## Use of urgent needs funding July 1, 1993 - June 30, 1994

	LHDs	Budget Amount
<b>Infectious Disease</b>		<b>\$1,059,890</b>
Sexually Transmitted Disease	8	455,971
Tuberculosis	13	396,174
Immunization	10	207,745
<b>Environmental Health</b>		<b>\$1,058,141</b>
Groundwater	7	361,578
Food Safety	15	334,828
Drinking Water	14	333,355
<b>Family &amp; Individual Health</b>		<b>\$885,072</b>
Access to Health Services	13	408,445
Oral Health	8	142,998
Other	2	120,009
Reproductive Health	4	119,126
Substance Abuse	2	94,494
<b>Violence &amp; Injury</b>		<b>\$733,611</b>
Violence Prevention	11	456,147
Injury Prevention	10	277,464
<b>Public Health System Capacity</b>		<b>\$648,243</b>
Community Assessment	12	477,164
Administration	4	161,079
Laboratory	1	10,000
<b>Non-infectious Disease</b>		<b>\$253,032</b>
Tobacco Use Prevention	6	248,032
Heart Disease	1	5,000
<b>First Year Total</b>		<b>\$4,609,609</b>

## Infectious disease prevention

Twenty-two LHDs initiated or expanded infectious disease prevention efforts with Urgent Needs funds, accounting for 23% of all budgeted funds. The majority of efforts were in tuberculosis, immunizations, and sexually transmitted disease (STD).

### Sexually transmitted disease

Eight LHDs expanded programs in control and prevention of sexually transmitted disease, including HIV/AIDS.

*Bremerton-Kitsap:* A community education program was initiated after substantial planning efforts to bring together various community groups; special emphasis was placed on working with school administrators and board members to develop a long term commitment to target transmission of STDs among school-aged youth. Parents were provided with information packets that help make discussion of STDs easier to approach, peer educators were recruited and trained, and a community coalition began.

*Seattle-King: A multi-faceted effort was undertaken including increased laboratory capability, plus outreach and education for local providers. In one portion of the program alone, administrators observed that the addition of a single full time employee will allow for 1012 patient visits, 116 HIV counseling and testing sessions, and 38 Hepatitis b vaccinations.*

*Activities in other LHDs included:*

- *expanded clinical time for diagnosis and treatment*
- *outreach and education for local providers*
- *outreach to high-risk client groups*
- *partner notification*
- *integration of HIV counseling and testing in other STD clinics*
- *education on using condoms*
- *a survey about drug paraphernalia use and risk behavior*
- *comprehensive community education programs*

## **Tuberculosis**

*Thirteen counties expanded efforts at tuberculosis (TB) control. Most participating counties reported newly identified cases of TB, with clients in treatment as a result of these efforts.*

*Adams: Improved tracking program lead to faster notification of 22 patients; they started treatment sooner and the LHD was able to monitor treatment completion more effectively.*

*Snohomish: Directly Observed Therapy (DOT) was administered through more than 900 home visits plus use of pharmacies or other health care providers for DOT (150 visits). Transportation was provided for clients in need and medication was delivered to alternate sites for DOT. Clinic days for a TB/refugee clinic were expanded four additional days per week. An interesting note: The number of active TB cases being followed by the LHD was reduced from 21 during January-June in 1993 to seven during the same time period in 1994.*

*Activities in other LHDs included:*

- *initiating screening of jail inmates*
- *screening and outreach to high risk groups*
- *education to local providers about the re-emergence of tuberculosis and how to screen and treat it*
- *improved tracking of clients on treatment*
- *increased capability to provide Directly Observed Therapy*
- *training LHD staff and other health providers in DOT*
- *distribution of educational materials adapted for the public, for health care providers and for high-risk clients*
- *translation of educational materials into languages such as Spanish, Russian, Vietnamese and others*
- *creation of a comprehensive county-wide TB strategy*
- *training for law enforcement and fire safety personnel*

## **Immunization**

*Ten counties participated in expanded immunization efforts.*

*Benton-Franklin: This program began as an outreach effort to daycare sites to reach the target population of young children who should be fully immunized by age two. Of more than 1800 immunization records reviewed for children aged 0-5, only 61% were fully immunized at age two. Staff added vision, hearing, dental and TB screening. Results: Many more children are immunized, six kids now wear glasses, 12 were treated for hearing problems, six people began TB medication and 163 were referred for dental treatment. There is strong support to continue this effort from providers and parents.*

*Grant: Immunization records for more than 2000 children were entered into the data/recall system, including records from private providers. With this system in place, LHD administrators note: "A greater number than the quarterly birth cohort were adequately immunized... if this trend continues, we will meet and surpass the year 2000 Objectives, preventing illness, disability, and possible death from vaccine preventable illness."*

*Activities in other LHDs included:*

- *implementing computer-based tracking and re-call programs*
- *adding private providers to the tracking system in some counties*
- *increased clinical staff time to make immunizations more available*
- *holding special clinics around the community to provide easy access to immunizations*
- *outreach to geographically isolated areas*
- *advertising the immunization schedule (with T-Shirts as an incentive to complete on time)*

## **Environmental health**

*Twenty-three LHDs expanded environmental health activities, most by increasing capacity to provide education, services and monitoring in the areas of drinking water and food safety, representing 22% of the year one budget.*

### **Food safety**

*Fifteen LHDs have initiated programs to provide increased protection from foodborne illness, with a number of them commenting that Urgent Needs funds allowed them to double the capacity of their programs.*

*Northeast Tri-County: Inspection of food establishments was doubled with the use of Urgent Needs funds. Special emphasis was given to inspection of temporary food establishments, from 30% last year to 65% this year. This action requires special staff time and effort because the events are of short duration, but they also provide for excellent prevention opportunities and quick resolution of problems.*

*Southwest Washington: Multiple strategies were employed in this effort, including developing a system for targeting "low-score" restaurants for both training and inspections, development of food service worker educational materials in Spanish and Chinese, development and promotion of a special program for food service managers, and participation in the food service manager certification program.*

*Activities in other LHDs included:*

- *greatly increased numbers of restaurant inspections*
- *increased training for food service workers*
- *offering classes in remote locations*
- *faster response to complaints and consumer inquiries*

- *education dissemination to recreational areas where food storage mistakes commonly lead to illness*
- *formation of community food establishment advisory committees*
- *special training sessions on E. coli:0157:H7*
- *distribution of refrigerator magnets with proper food temperatures listed for hot and cold foods*
- *targeted inspection programs to restaurants evaluated to be at greatest risk for food handling problems*
- *translation of food handling materials into Chinese, Vietnamese and Spanish*
- *special training courses offered for managers so that food handling information can be continuously reinforced for workers*
- *upgraded teaching materials and newsletters.*

## **Safe drinking water**

*Seventeen health departments pursued programs to assure safe drinking water. Fourteen LHDs expanded efforts related to water systems; seven LHDs developed programs for protection of ground and surface water.*

*Thurston: Developed and implemented a database to identify systems not in compliance with water sample reporting. Contacted 412 systems, surveyed 114 systems and provided technical assistance to 162 systems.*

*Lewis: Nitrate levels are a general indicator of overall water quality and may indicate presence of other contaminants; nitrate elevation can present a significant risk to infants when the water is used for mixing infant formula. Combining grant funds and Urgent Needs funds, nitrate levels in groundwater were mapped using samples and information from various databases. The map is available for regular consultation by water program staff so that areas of concern are quickly identified. Further sampling and mapping are planned.*

*Activities in other LHDs included:*

- *increased water system operator training*
- *increased surveys of water systems (generally focusing on follow up for non-compliant systems)*
- *consultation to developers and owners on filtration, disinfection and quantity*
- *monitoring of areas around wells for nitrate levels*
- *well-decommissioning plans*
- *development and implementation of data bases for water systems — including linked data bases where needed to determine compliance and guide follow-up efforts*
- *intervention to stop failing septic systems*
- *convening a groundwater advisory committee*
- *analysis of data needs regarding storage of hazardous materials in aquifer-sensitive areas*
- *surveys of lake water quality with education provided to homeowners regarding septic systems and potential for pollution*

# Violence and injury

Eighteen LHDs initiated efforts in prevention of violence and unintentional injuries, with budgeted expenditures representing 16% of the funds in year one.

## Violence prevention

Eleven LHDs initiated activities designed to reduce or prevent violence.

*Southwest Washington:* A task force was initiated to develop community-wide strategies for curtailing youth violence. Community leaders and media were involved. Youth members and staff attended a variety of special training sessions both in and away from the county to bring home information about emerging strategies and successful interventions.

*Yakima:* The number of high-risk families receiving public health nursing interventions was increased by 50%. Special emphasis was placed on developing bilingual and bicultural intervention capacity and weekly parenting classes were provided.

Five LHDs provided parenting classes as a preventive strategy aimed at abuse and neglect. These were generally coupled with other activities including:

- increased home visits to families at-risk
- a focus on domestic violence and creation of community campaigns to increase awareness of the problem and how to seek help
- a program to identify at-risk youth involved in street-fighting (through emergency rooms and youth service centers) so that those youth can be referred for additional assistance — i.e. substance abuse, case management support
- development of intervention capacity for non-English speaking families

## Injury prevention

Ten LHDs created or expanded programs to address injury prevention among children in child care centers and schools. Two counties reported four situations in which children were involved in severe car crashes while in car seats provided by the program — and survived without serious injury.

*Kittitas:* Monthly meetings were held with child care providers, on-site classes were offered on pedestrian safety for 2-4-year-olds, CPR certification provided for child care workers, buckle-up education and bike helmet use. A phone triage system was set up to help workers with difficult topics like evaluating concerns about child abuse and neglect, safe restraint for violent children, and communicable disease questions. The program distributed 20 smoke alarms, five car seats, and 54 bike helmets.

*Spokane:* The health district took the lead in negotiating a donation of 10,000 bike helmets which could be provided for a shipping and handling fee of \$5.50 each.

Five LHDs targeted safety among young children in child care settings. While the focus was injury prevention, these efforts often included teaching about communicable disease control and provided additional education to workers. The programs involved:

- advice and technical assistance on possible hazards in the facility and playground
- distribution of safety equipment
- surveys to obtain baseline data on safety needs
- establishing network meetings about safety among child care providers
- newsletters

Six LHDs developed injury prevention programs for children outside of child care settings. These included:

- increased school inspections
- classes on safety for children and staff
- distribution of bike helmets and car seats
- rewards for wearing helmets (like certificates for ice cream)
- development of community coalitions
- data analysis to pinpoint safety hazards in the community

## **Family and individual health**

Fifteen LHDs used Urgent Needs funds to increase capacity to provide health services for individuals and families, primarily in the areas of health and support services, health education, and oral health. There were four expanded reproductive health programs. There were two programs addressing substance abuse intervention and one regarding needs of older adults.

### **Access to health services for individuals and families**

Thirteen LHDs developed programs to improve access to needed health services or to directly provide education and services.

Okanogan: Breastfeeding is associated with a number of positive outcomes for infants health, including fewer ear infections, somewhat higher IQs and closer bonding with mothers. A program was established to encourage breastfeeding including lactation management education for all public health nurses on staff, contacts and referrals from hospitals, purchase of supplies and educational materials. This county did not have any similar service available to residents.

Spokane: A program is being piloted at two schools (with two control schools) to determine whether training school staff in doing child health risk assessment will lead to earlier intervention for children at risk. If so, this work will demonstrate the need to focus more training about child risk assessment for school staff — teachers, nurses, aides and counselors.

Activities in other LHDs included:

- public health nursing visits for pregnant women with high-risk behavior
- conducting growth clinics
- increasing coordination with local providers regarding children with special health care needs
- making contact with mothers of newborns to discuss immunization, breastfeeding, parenting support, community resources and well child exams
- translation of educational materials into languages used by community residents and development of materials appropriate in low-literacy households
- expanded clinical services for adults and teens (often family planning, STDs and other services combined)
- screening exams for children
- nutrition counseling

## Oral Health

Eight LHDs developed or expanded oral health services, frequently cited by public health professionals as an unmet need for children of low-income families.

*Island:* More than 750 children received dental screenings with referral information provided to parents as needed. Data were collected in conjunction with the screening program and an epidemiologist consulted to analyze results. This program paved the way for a new two-chair dental operatory being built in the community to serve low-income children and families.

*Activities in other LHDs included:*

- applying sealants to teeth of school children
- a screening program and needs assessment
- fluoride treatments and oral health education
- a referral phone line to assist with access to dental care
- a program to increase knowledge about HIV among dentists and their staff
- limited treatment for dental caries.

## Public health capacity building

Thirteen LHDs used some Urgent Needs funds to improve basic agency capacity with a total of 14% of the year one budget among them. Nearly all of this effort was related to increasing community assessment capability. Two of these LHDs also hired additional administrative staff and one expanded laboratory clinician time.

## Community assessment

*Adams:* While many LHDs are heavily reliant on computer technology, this small health district did not have needed equipment. Urgent Needs funds allowed for purchase of a computer and software for basic tracking, data analysis, and information sharing.

*Bremerton-Kitsap:* A comprehensive multi-step community process has been started (APEX-Part II). In the coming year, this community will assemble local data, analyze findings, identify and prioritize health problems, inventory local resources and develop a specific Community Health Plan for Kitsap County.

*Activities in other LHDs included:*

- purchases and upgrades of computer equipment to allow use of software to support epidemiology
- increased staff time to conduct community assessments (including public health nurses, demographers, and epidemiologists)
- involvement of community partners such as schools and hospitals in assessment and planning work
- carrying out behavioral risk factor surveys
- added ability to maintain surveillance and communicate observations to local providers
- use of a community coalition to develop specific benchmarks for measuring progress toward community health goals
- training staff in basic health statistical and assessment skills
- initiation of Geographical Information System use for mapping health statistics



## **Non-infectious disease**

*Seven LHDs developed or expanded programs related to non-infectious disease: All but one targeted tobacco use. The remaining program focused on cardiovascular risk reduction among hard-to-reach population groups. Together, these programs represented 6% of the budget for year-one.*

### **Tobacco use prevention**

*The six LHD's with tobacco prevention programs targeted their efforts toward youth and toward reducing smoking during pregnancy.*

*Island: The Island County Tobacco Free Coalition was formed to reduce tobacco use by facilitating and supporting community projects for education, cessation and prevention. They published a directory of smoke-free restaurants, provided ongoing retailer education, and conducted a survey on youth access to tobacco. The results indicated that for many young people, it was “too late” for prevention efforts—they really needed help to quit smoking. A middle school smoking cessation class helped eight 11–13-year-olds become tobacco-free.*

*Skagit: The Skagit Health Department helped form a community coalition to develop strategies, published a directory of smoke-free restaurants, continued work with the Liquor Control Board on compliance efforts, provided youth education about the harmful effects of tobacco use, and conducted surveys on tobacco use and cessation programs.*

*Activities in other LHDs included:*

- *forming community coalitions*
- *publication of smoke-free restaurant directories*
- *organizing reference materials for easy access by teachers and health providers*
- *surveys of youth*
- *counter-advertising campaigns involving local business support*
- *liaison with the Liquor Control Board on compliance efforts*
- *youth education and demonstrations about harmful effects*
- *training of school counselors*
- *out-of-school cessation classes*
- *surveys and training of health providers to increase communication about tobacco use*
- *“sting” operations to curtail sales to minors*

## **Local health department programs using Urgent Needs funds**

*The following list shows the types of programs that were developed using urgent needs funds, and which local health departments used their funds for those programs.*

### **Infectious disease**

*Sexually transmitted disease*

*Adams, Bremerton-Kitsap, Mason, Seattle-King, Snohomish, Southwest Washington, Spokane and Whatcom.*

*Tuberculosis control*

*Adams, Chelan-Douglas, Columbia, Garfield, Island, Jefferson, Seattle-King, Snohomish, Southwest Washington, Thurston, Walla Walla, Whatcom and Whitman.*

*Immunizations*

*Asotin, Benton-Franklin, Chelan-Douglas, Cowlitz, Grant, Grays Harbor, Lewis, Mason, Snohomish and Spokane.*

### **Environmental health**

*Groundwater*

*Bremerton-Kitsap, Chelan-Douglas, Seattle-King, Spokane, Tacoma-Pierce, Walla Walla and Whatcom*

*Food safety*

*Adams, Benton-Franklin, Bremerton-Kitsap, Chelan-Douglas, Grays Harbor, Jefferson, Lincoln, Northeast Tri-County, Seattle-King, Skagit, Snohomish, Southwest Washington, Spokane, Thurston and Yakima*

*Drinking water*

*Benton-Franklin, Bremerton-Kitsap, Clallam, Cowlitz, Grays Harbor, Lewis, Mason, San Juan, Seattle-King, Snohomish, Thurston, Walla Walla, Whatcom and Yakima*

### **Family and individual health**

*Access to health services*

*Chelan-Douglas, Cowlitz, Grays Harbor, Lewis, Okanogan, San Juan, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, Walla Walla, Whitman and Yakima*

*Oral health*

*Chelan-Douglas, Island, Lewis, Mason, Seattle-King, Snohomish, Spokane and Whitman*

*Reproductive health*

*Seattle-King, Snohomish, Tacoma-Pierce and Whitman*

*Substance abuse*

*Seattle-King and Spokane*

## **Violenceandinjury**

### *Violence prevention*

*Asotin, Bremerton-Kitsap, Clallam, Grant, Kittitas, Northeast Tri-County, Pacific, Seattle-King, Southwest Washington, Tacoma-Pierce and Yakima*

### *Injury prevention*

*Chelan-Douglas, Grant, Island, Jefferson, Okanogan, Pacific, Seattle-King, Skagit, Snohomish and Spokane*

## **Publichealthsystemcapacity**

### *Community health assessment*

*Adams, Asotin, Bremerton-Kitsap, Mason, San Juan, Seattle-King, Snohomish, Southwest Washington, Spokane, Wahkiakum, Whatcom and Yakima*

### *Administration*

*Seattle-King, Snohomish, Spokane and Whitman*

### *Laboratory*

*Spokane*

## **Non-infectiousDisease**

### *Tobacco use prevention*

*Garfield, Island, Seattle-King, Skagit, Snohomish and Southwest Washington*

### *Heart disease*

*Spokane*

